## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

54538USA7C012

| CLAIMS AS FILED - PART I<br>(Column 1)                       |  |   |                   |              |                                 | (Column 2) SMALL ENTITY TYPE TYPE |          |                   | OR                     | OTHER<br>SMALL |                     |                                       |
|--|--|---|-------------------|--------------|---------------------------------|-----------------------------------|----------|-------------------|------------------------|----------------|---------------------|---------------------------------------|
| TOTAL CLAIMS   |  |   | 21                |              |                                 |                                   |          | RATE              | FEE                    | Ŭ<br>          | RATE                | FEE                                   |
| FOR  |  |   | NUMBER FILED      |              | NUMBER EXTRA                    |                                   |          | SIC FEE           | 355.00                 | OB             | BASIC FEE           | · 710.00                              |
| TOTAL CHARGEABLE CLAIMS                                      |  |   | 2) minus 20=      |              | • 1                             |                                   |          | X\$ 9=            |                        | OR             | X\$18=              | 18.00                                 |
| INDEPENDENT CLAIMS   |  |   | minus 3 =         |              | · 4                             |                                   |          | X40=              |                        | OR             | X80=                |                                       |
| MULTIPLE DEPENDENT CLAIM PRESENT                             |  |   |                   |              | • .                             |                                   |          | -135=             |                        | OR             | +270=               |                                       |
| * If the difference in column 1 is less than zero, enter     |  |   |                   |              | r "0" in co                     | olumn 2                           | <br>T    | OTAL              |                        | OR             | TOTAL               | 728,00                                |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |   |                   |              |                                 |                                   | S        | MALL E            | NTITY                  | OR             | OTHER<br>SMALL      |                                       |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                  | 1        | RATE              | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE                |
|  | Total  | . 21                                      | Minus             | **           | 2+                              | =                                 |          | X\$ 9=            |                        | OR             | X\$18=              |                                       |
|  | Independent FIRST PRESEN   | NTATION OF M                              | Minus             | FNDEN        | TCTAIM                          | =                                 |          | X40=              | _                      | OR             | X80=                |                                       |
|  | ·  | ***************************************   |                   |              |                                 | <u></u>                           |          | <b>⊦135</b> =     |                        | OR             | +270=               |                                       |
|  | 7  |   |                   |              |                                 |                                   | <b>∟</b> | TOTAL<br>DIT. FEE |                        | OR             | TOTAL<br>ADDIT. FEE |                                       |
|  | <u></u>  | (Column 1)                                |                   |              | ımn 2)                          | (Column 3)                        | ,,,,     |                   |                        |                |                     |                                       |
| AMENDMENT &  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA                  |          | RATE              | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE                |
|  | Total  | .24                                       | Minus             | ** 5         | 2 /                             | = 3                               |          | X\$ 9=            |                        | OR             | X\$18=              | 54                                    |
|  | Independent  | . 3                                       | Minus             | ***          | 3                               | = '                               |          | X40=              |                        | OR             | X80=                |                                       |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP       | ENDEN        | T CLAIM                         |                                   |          | +135=             |                        | OR             | +270=               |                                       |
|  |  |   |                   |              |                                 | _                                 | Ĺ        | TOTAL             |                        | OR             | TOTAL               |                                       |
|  |  | (a  |                   | (O.1.        | 0)                              | (Caluma 0)                        | AD       | DIT. FEE          |                        | JON            | ADDIT. FEE          |                                       |
| l-   |  | (Column 1)<br>CLAIMS                      |                   |              | ımn 2)<br>HEST                  | (Column 3)                        |          |                   | 4501                   | ı              |                     | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | PREV         | MBER<br>HOUSLY<br>D FOR         | PRESENT<br>EXTRA                  |          | RATE              | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE                |
|  | Total  | *   | Minus             | **           |                                 | =                                 |          | X\$ 9=            |                        | OR             | X\$18=              |                                       |
|  | Independent  | •   | Minus             | ***          |                                 | =                                 |          | X40=              |                        | OR             | X80=                |                                       |
|  | FIRST PRESE  | NTATION OF N                              | NULTIPLE DEI      | PENDEN       | NT CLAIM                        |                                   | I ├─     |                   |                        | ı              | 1270                | <u> </u>                              |
|  | If the entry in colu   | mn 1 is less than                         | the entry in colu | ımn 2. wr    | ite "0" in co                   | lumn 3.                           | L        | +135=<br>TOTAL    |                        | OR             | +270=               | <u> </u>                              |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                   |              |                                 |                                   |          |                   |                        |                |                     |                                       |
|  | The "Highest Nun   | nber Previously P                         | aid For" (Total o | r Indeper    | ndent) is the                   | e highest numbe                   | er found | in the ap         | propriate bo           | x in co        | olumn 1.            |                                       |